



National Institute on Drug Abuse (NIDA) Indiana Opioid Summary

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Indiana Opioid Summary

Drug Overdose Deaths

In 2017, there were more than 70,200 drug overdose deaths in the U.S.-an age-adjusted rate of 21.7 per 100,000 persons. Among these, 47,600 involved opioids. The sharpest increase occurred among deaths involving fentanyl and fentanyl analogs (other synthetic narcotics) with more than 28,400 overdose deaths in 2017.

The age-adjusted rate of drug overdose deaths increased significantly in Indiana by 22.5 percent from 2016 (24.0 per 100,000) to 2017 (29.4 per 100,000). While the majority of drug overdose deaths in 2017 involved an opioid, overdose deaths involving opioids are not included for the state because the data reported did not meet inclusion criteria (see Scholl L, et al. MMWR Morbidity and Mortality Weekly Report 2019;67:1419–1427).

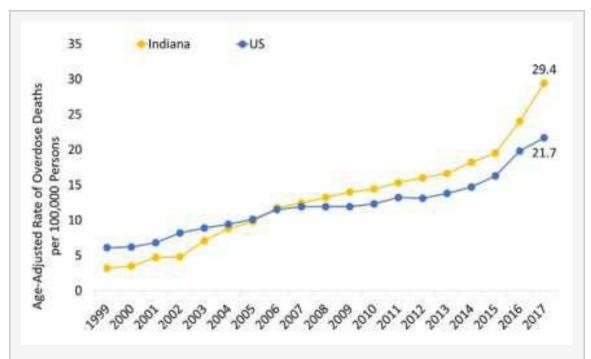


Figure 1. Drug overdose deaths, rate per 100,000 persons, in the U.S. and Indiana. Source: CDC WONDER.

Opioid Pain Reliever Prescriptions

In 2017, Indiana providers wrote 74.2 opioid prescriptions for every 100 persons (Figure 2) compared to the average U.S. rate of 58.7 prescriptions (CDC). Only nine states had a higher opioid prescribing rate than Indiana. However, the 2017 prescribing rate represents more than a 31 percent decrease from a peak of 107.1 opioid prescriptions per 100 persons in 2010.

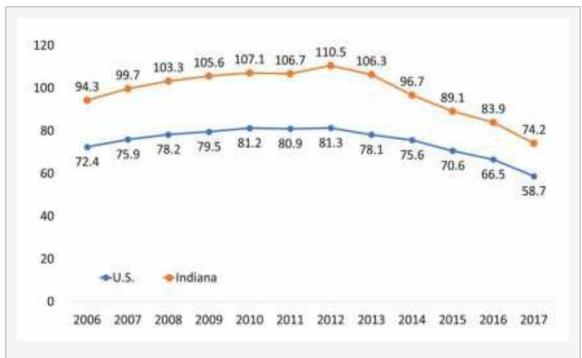


Figure 2. The U.S. and Indiana opioid prescribing rate per 100 persons. Source: CDC and IQVIA Xponent 2006–2017.

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, the trends and rates reported by states varies. In 2017, Indiana expanded a NAS/NOWS program in which nearly 3,000 babies were tested (via umbilical cords) across 21 hospitals. More than 425 babies, an estimated 14 percent, tested positive for opioids and 20 percent of all tests confirmed the presence of multiple substances (Indiana State Department of Health).

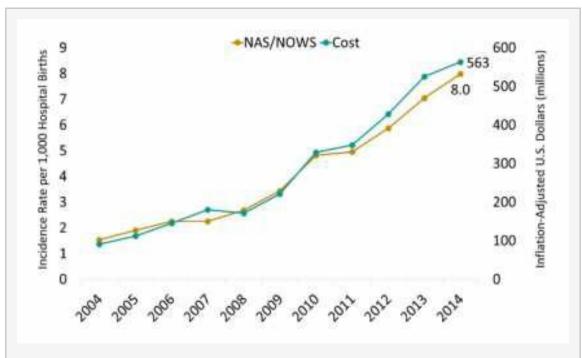


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

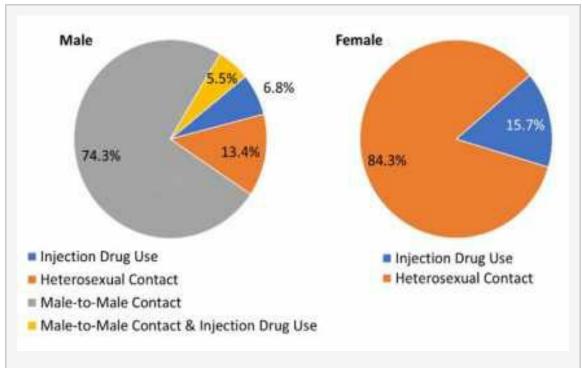


Figure 4. Indiana: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- **U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (<u>CDC</u>).
- **U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- **State Incidence:** Of the new HIV cases in 2016, 483 occurred in Indiana. Among males, 12.3 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 15.7 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 10,741 persons were living with a diagnosed HIV infection in Indiana—a rate of 195 cases per 100,000 persons. Of those, 14.7 percent of male cases were

attributed to IDU or male-to-male contact and IDU. Among females, 18.3 percent were living with HIV attributed to IDU (AIDSVu).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use¹

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV² (<u>CDC</u>). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (<u>CDC</u>).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (<u>CDC</u>).
- **State Incidence**: There were approximately 146 new cases of acute HCV (2.2 per 100,000 persons) reported in Indiana in 2016 (CDC).
- **State Prevalence**: In Indiana, there are an estimated 40,900 persons living with Hepatitis C (2013-2016 annual average), a rate of 820 cases per 100,000 persons (<u>HepVu</u>).

Additional Resources

- Indiana State Department of Health, Overdose Prevention
- Centers for Disease Control and Prevention, Opioid Overdose



FY2018 NIH-funded projects related to opioid use and use disorder in Indiana: 3

VIEW RESULTS

Find treatment in Indiana (SAMHSA)

Notes

- 1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.